## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	05/03/2010	Address:	ARBY'S REST.
Case #:	<u>42F30498</u>		SR 229 AT I-74
County:	RIPLEY		BATESVILLE, IN
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location ( Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: ETHER			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia: <u>CYLINDER</u>			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location): 2.7 GRM METH, PARA.			
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services		Investigative Information  ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:L.E.O. ACTION	
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: <u>B.V.F.D.</u> artment: <u>R.C.H.D.</u> ction Service:	Fax: <u>E-MAIL</u> Fax: <u>E-MAIL</u> Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <a href="https://example.com/en/appendix-appendix-24.4591">CHIP AYERS</a> Phone <a href="https://example.com/en/appendix-appendix-appendix-24.4591">217.234.4591</a>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.